# Objective

This document details the specification for the provision of the specialist transport requirements of deceased tissue donors between NHSBT Tissue and Eye Services

Dedicated Donation Facility (NHSBT Liverpool) and Hospital Mortuaries primarily in Northern England, Midlands and North Wales.

## Changes in this version

Multiple updates regarding terminology, and detail around the scoring system. Updated to include actual activity data. Activity, based on historical data over a two-year period, for each donor site included in Appendix 1.

**Requirements**

## Introduction

NHSBT Tissue and Eye Services is the largest multi-tissue banking organisation in the UK and is a significant leader in the development of national and international standards, policies and regulation in the field.

Tissue and Eye Services manages the deceased tissue donation programme where tissues such as eyes, bone, tendons, skin, cartilage, and heart valves are retrieved from donors after death. We have specialist retrieval teams based in Liverpool, Barnsley, Colindale and Bristol. Routine practice is for the teams to travel to hospital mortuaries to facilitate deceased donor tissue donations; however, we are changing our working patterns/methods to maximise deceased tissue donation throughout mainland England and Wales.

Consent for deceased tissue donation is obtained in accordance with the Human Tissue Act (2004) and occurs during the time period following the death of a loved one. The time consent is obtained can impinge on donation as tissue donation must be facilitated within 48 hours following death, donation of eyes must be completed within 24 hours following death. Therefore, a rapid response in the collection of a deceased donor for transportation to the Dedicated Donation Facility (DDF) is vital to ensure donation occurs (POL168).

The donors must be transported to the DDF in Liverpool and must be transported in an appropriate vehicle under strict conditions by the Contractor, and a record of the donor transfer recorded on FRM5451/Tissue Path Retrieval Details. The transport of donors to the DDF must be undertaken within strict timelines which ensure donation occurs within 48 hours (24 hours for eye donation), of death. The maximum time period available is governed by the time the consent is gained therefore reducing the available donation window period and maximum transfer time to NHSBT Liverpool. Any untoward delay in transportation could result in the loss of donation and tissues. This impacts on NHSBT’s ability to fulfil its core purpose of helping to save and improve patient lives.

An example of a possible transportation journey (this will all vary depending on the deceased donor and location and this is a possible worst case scenario if the contractor was based in the Liverpool area):

|  |  |
| --- | --- |
| Monday 16.00 | Patient died in Royal Victoria Infirmary (RVI), Newcastle |
| Tuesday 09.00 | Consent obtained for tissue donation  (NB Donation must be completed by Wednesday 16.00 – 48-hour donation window period expires) |
| Tuesday 09.30 | Request made by NHSBT for the deceased donor to be collected and transferred to DDF in Liverpool |

Tuesday 10.10 Latest response time - Contractor must be on road to collect deceased donor by this time

Tuesday 13.10 (approx.) Contractor arrives at RVI, Newcastle, presents Identification card Tuesday 14.10 (approx.) Contractor departs RVI, Newcastle

|  |  |
| --- | --- |
| Tuesday 19.10 | Contractor arrives at NHSBT Liverpool / met by Tissue and Eye Services staff |
|  | Pre-arranged for collection of the deceased donor at DDF for 15.00 next day |
| Wednesday 15.00 | Contractor arrives at NHSBT Liverpool |
| Wednesday 15.30 | Contractor departs NHSBT Liverpool |
| Wednesday 18.30 | Contractor arrives at RVI, Newcastle |
| Wednesday 19.30 | Contractor departs RVI, Newcastle |

## Scope and Contract Period

1. The contractor will be required to transport donors and associated blood samples to and from the DDF. Transport must be by road.

1. The contractor must ensure that the most time and cost - effective solution is used for each transfer.

1. The contractor must be able to provide coverage to mainland Northern England, North Wales and the Midlands. There may be exceptional circumstances where coverage may extend outside of these regions.

1. The contract will be for an initial 3-year period from 3rd June 2024 until 2nd June 2027, with an option to extend for a further one-year period.

**Budget Range:**

1. Total contract spend estimated as being in the region of £0 - £145K. Please note there can be no commitment to spend in this area. Any spend will be subject to budgetary approval and will be with a single source supplier.

## Specialised Transportation for Tissue and Eye Services – Tender Breakdown and Scoring Methodology

1. The tender response is to be submitted via the NHSBT Atamis Health Family eCommercial Syetem [http://health.atamis.co.uk](http://health.atamis.co.uk/) and will primarily focus on the service provision of the specialised transportation for Tissue and Eye Services. The following weighting will be used to score all submissions: Technical Envelope response 55%, Presentation 5% and Social Envelope response 10%. The Commercial Envelope is weighted at 30%.

The scoring of all submissions will be aligned to attachment 03 – Scoring Methodology.

**The Evaluation will be a 2-stage process:**

**Stage 1** – Technical Envelope Evaluation (60%)

Credentials and expertise (60%)

Social Value (10%)

The top 3 scoring submissions will be invited to attend a presentation, NHSBT will require the Account Manager, who will deliver the contract on a day to day basis, to undertake the presentation (not exceed 1 hour including Q&A), the content of which must include an introduction to their organisation, the services that can be offered and how the organisation can add value to the NHSBT contract in the areas of both cost and quality and be prepared to answer questions in relation to the contract requirements and the content of their tender submission.

Presentation attendees from NHSBT will be:

Amanda Ranson – Head of Operations for Tissue and Eye Services

Claire Webster – National Retrieval Manager

Adam Edwards – Liverpool Retrieval Team Manager

Neil Colbourne – National Contracts Buyer or Senior Buyer

Chris Stevenson – Lead Quality Specialist - Clinical Services

Mathew Young - Logistics

**Stage 2** – Commercial Evaluation (30%)

The Offer Schedule requests that tenderers provide a complete round-trip cost for collection from the originating point and onward transfer to NHS Blood and Transplant Speke, L24 8RB and back to the originating hospital.

Tenderers are to ensure that costs include processing time at each point of the collection and delivery – i.e. a maximum of 30 minutes at both collection and delivery points.

Tenderers will be asked to identify costs for waiting time after the first 30 minutes.

Tenderers are to advise costs for the body bags (The supplier will be expected to supply the body bag from the originating hospital to tissue services at Speke, NHSBT will supply the body bag for the return journey).

Please ensure the offerings you provide prices for are compliant with the Specification, Term and Condition and any other ITT document/information.

Standard Scoring Methodology

Cost to be ranked most financially advantageous to most expensive using the following scoring matrix:

Cost Award Criteria = 300

Supplier 1 (Most Financially Advantageous Offer) = Cost Award Criteria – 300

Supplier 2 (Next Competitive) = Supplier 1 / Supplier 2 \* Cost Criteria

Supplier 3 (Next Competitive) = Supplier 1 / Supplier 3 \* Cost Criteria

Supplier 4 (Next Competitive) = Supplier 1 / Supplier 4 \* Cost Criteria

Supplier 5 (Next Competitive) = Supplier 1 / Supplier 5 \* Cost Criteria

## Requirements

1. The contractor must provide a service to transport deceased tissue donors from hospital mortuaries throughout mainland Northern England, Midlands and North Wales to the DDF. Following the tissue donation, return the donor from the DDF to the originating Hospital / Trust mortuary located within mainland Northern England, the Midlands and North Wales.

1. The contractor must be accredited by the Care Quality Commission (CQC) if applicable or a member of a relevant trade association such as the National Association of Funeral Directors (NAFD), The National Society of Allied and Independent Funeral Directors (SAIF), British Institute of Funeral Directors (BIFD) or equivalent body. All contracted staff directly involved in the transport of deceased donors will have been subjected to clearances by the Disclosure and Barring Service (DBS), checks must be available for inspection if requested by NHSBT and membership of the relevant trade association maintained for the duration of the contract. The contractor must be able to provide evidence of current membership and a copy of the most recent inspection report where applicable.

1. The contractor must be able to facilitate a transfer or return of a donor 24 hours per day, 365 days per year as collections and deliveries may be required outside of normal core working hours (08.30 to 17.00 hours).

1. The contractor will be required to transport donors and associated blood samples and paperwork to and from the DDF in an appropriate road vehicle.

1. Undue delays in transport may lead to the loss of the tissue donation. NHSBT Tissue and Eye Services (TES) will ensure there is a maximum transport window period to facilitate the movement to ensure this happens within the donation window period. The estimated travel time from the hospital mortuary back to NHSBT DDF is detailed in Appendix 1

1. The contractor must not transport within the same vehicle, any other deceased patients / donors unless TES confirm approval, e.g. collection of 2 deceased donors from the same or neighbouring hospitals. The contractor must ensure if collecting samples, they are identified using 3 points of I.D provided by NHSBT TES, and detailed on FRM962. These samples must remain with their respective donor to prevent mix up. If transporting more than 1 deceased donor, the paperwork relating to each donor must be kept separate, FRM962 must be detailed with unique identifier (donor number) and patient I.D. If collecting multiple donors from the same site each donor must be processed separately to prevent any confusion with I.D.

1. The contractor must have the use of a company credit card, or other similar mechanism as a contingency against transportation emergencies e.g. insufficient fuel or breakdown. The contractor must also carry a mobile phone whilst undertaking transport duties associated with this service.

1. The contractor will provide a suitable non-identifiable vehicle that complies with the Goods Vehicles (Licensing of Operators) Regulations 1995 with blacked-out rear windows (where appropriate) and the ability to accommodate the donor and donor trolley securely to ensure the safety of the donor. The contractor must also provide a suitable trolley with the capacity to carry an adult donor up to maximum weight of 25 stone//160kg with straps and fold down lockable arm-sides to ensure the donor is secure and body cover for donor dignity. A body bag will need to be provided by the contractor if not provided by Mortuary (Adult size 220 x 107cm PEVA with 3 sided zip). The trolley and donor must be secured in the vehicle during transit.

1. The contractor is requested to ensure that the donor has been respectfully covered either with a sheet or shroud before placing in the body bag if not provided by the hospital mortuary. Any property must be kept secure and maintained during the transfer process and handed over as detailed in the TES procedures (**SOP3654**).

1. The contractor will provide TES with confirmation of the expected collection and delivery details within 10 minutes of the initial call / request. The contractor must be able to dispatch a vehicle within a further 30 minutes of the confirmation call to any hospital mortuary within mainland Northern England, Midlands and North Wales.

1. Any emergency in transit which will result in delayed collection or delivery, of more than 15 minutes after the expected collection or delivery time must be notified to TES. TES will inform the relevant hospital mortuary.

1. Irrespective of the length of delay during transfer to the DDF, the contractor must keep TES informed and deliver the donor to the DDF for assessment of suitability unless instructed by TES.

1. The contractor must provide TES with the name of the designated employee responsible for each transfer.

1. TES authorised staff must have the right to cancel a transfer after booking due to unforeseen circumstances.

1. TES will supply the name of the authorised TES staff who will manage the transfer of the donor at the time of booking. An in hours and out of hours contact number will also be supplied.

1. The contractor must ensure each employee is trained and competent to deliver this service

1. The contractor must provide a list of authorised personnel who will require training / competency assessment for the service to be provided to TES.

1. Contractor employees must wear company uniform or smart dress and carry company photographic personnel identification for inspection by the hospital mortuary, TES, and other authorities as appropriate.

1. TES will provide a list of trained / competent staff who will contact the contractor to arrange a transfer.

1. The maximum time that a donor will be at the DDF is 24 hours unless prior arrangement with the next of kin during the consent conversation.

1. The contractor must allow 30 minutes at the arranged collection and delivery points (hospital, mortuary, DDF) to allow for donor identification, completion of paperwork (detailed in **SOP3654** / **FRM962**) and handover.

1. Once the donor has been secured in a body bag and placed in the transfer vehicle the body bag containing the donor must not be opened by the contractor until the contractor has reached the delivery location and must be accompanied by authorised personnel.

1. TES will provide all documentation and training required by the contractor to allow receipt of the donor either at the hospital mortuary or at the DDF, management in transit, and arrival at either the hospital mortuary or TES. The documentation and procedure are detailed in **SOP3654**. (Mandatory training will cover all aspects of TES requirements for transferring donors to the DDF).

1. The contractor must ensure that the authorised / named hospital Trust staff, (confirmed by TES at the time of booking), responsible for handover of the donor, blood samples and/or property at the hospital mortuary completes all required TES documentation prior to transfer **(FRM962).** A copy of which must be handed to the contractor to be transferred with the donor to the DDF at NHSBT Liverpool.

1. The contractor must ensure the TES documentation **(FRM962)** is completed to legible requirements in accordance with the TES training provided.

1. There must be two authorised personnel present at each hospital mortuary for handover of the donor, blood samples and/or property. This must comprise of the trained / competent contractor and the authorised / named Hospital Trust staff provided by TES at the time of booking.

1. On arrival at NHSBT Liverpool the contractor must press the bell to be allowed to pass through two gates into the loading bay (security screening). The contractor must then press the bell at the garage to allow TES to open the garage door for the contractor to reverse into the garage.

## Transport Vehicle and Associated Materials

1. All vehicles must comply with all relevant legislation Goods Vehicles (Licensing of Operators) Regulations 1995 and always be maintained and presented to the highest possible standards.

1. The contractor must ensure the vehicle is maintained and cleaned (internally / externally) regularly and following specific incidents including spillages.

1. Donors must be transported at ambient temperature (4oC-25oC). The contractor is responsible for maintaining the required ambient temperature during transport of the donor. The storage area of the vehicle must have the capability to cool during increased ambient temperatures.

1. The donor must be placed in a body bag to contain body fluid leakage, infection and cross contamination risks. The body bag must be able to contain any leakage from the donor during transfer.

1. The body bags used for transportation must be single use and only used for the transfer of a single deceased donor. Following tissue donation, a new body bag will be used that will be supplied by NHSBT

1. The vehicle must carry a spillage kit that in the event of leakage during transfer the situation can be managed immediately upon discovery. Contractor personnel must know / be trained in the use of the spillage kit.

1. The contractor will not be expected to transport a donor exceeding 25 stone / 160 kg.

1. The vehicle must be secured at all times and the contractor must not leave the vehicle unattended when the donor is in transit.

1. The contractor must ensure adequate and timely cover is provided in the event of vehicle breakdown or repair to ensure there is no disruption to the service provision.

## Contractor and Tissue and Eye Services Communications

1. The supplier shall appoint and retain a Contract Manager who shall be the primary point of contact in relation to matters arising from this contract and will be expected to work closely and cooperate fully with representatives of NHS Blood and Transplant. The Contract Manager appointed shall be of sufficient seniority and experience to be able to make decisions on the day-to-day operation of the contract. The contractor shall ensure that the Contract Manager shall attend review meetings on a regular basis to review the performance of the contractor and to discuss matters arising generally under this contract. The first review meeting shall take place on a date to be agreed on or around the end of the first month after the contract commencement date. Subsequent meetings shall take place at monthly intervals or as may otherwise be agreed in writing between the parties.

Two weeks prior to each review meeting the contractor shall provide a written contract management report regarding the provision of the services and the operation of the contract. Unless otherwise agreed the contract management report shall contain:

* 1. The details of the performance of the supplier when assessed in accordance with the KPIs since the last such performance report.
  2. Details of any complaints from or on behalf of service users, their nature and the way in which the contractor has responded to such complaints since the last review meeting written report.
  3. A status report in relation to the implementation of any current Remedial Proposal.
  4. Such other information as reasonably required by NHS Blood and Transplant.

1. TES will monitor the actual versus the planned collection and delivery times given at the point of booking confirmation. A 15-minute leeway within the expected collection and delivery times will be accepted. Any deviation to this must be communicated by the Contractor to TES.

1. TES will provide appropriate information to the contractor. This will include (but not limited to):

* 1. A telephone booking stating the pickup address and time and delivery address
  2. A named individual for each transfer request
  3. A named authorised Trust employee to meet at the Hospital
  4. Contact details for TES
  5. A list of trained / competent staff who will contact the contractor to arrange a transfer
  6. Training programmes for the designated contractors

1. The contractor must supply as a minimum:

* 1. Office and out of hours contact telephone numbers
  2. Travel itinerary and costing for each transfer request
  3. Name of designated representative assigned to each transfer request
  4. Confirmation by telephone of the collection/delivery within 10 minutes of the

request

* 1. Estimated delivery time for each transfer request
  2. Contract administration required 24 / 7
  3. A list of staff that will require training / competency assessment for working within this contract
  4. Escalation process for complaints

1. The contractor will report any incident that could impact on the donation or injury to the donor so this can be escalated. For example, any trolley issues during transfer to TES where there is loss of control and potential risk to the donor e.g. trolley collapse. TES will report and manage in accordance with ‘Reporting and Managing Adverse Events’ **(SOP3406)**. Examples of incidents that would need to be reported will be confirmed during the training provided by TES.

1. All complaints received by TES relating to the transfer of donors to the DDF will be dealt in accordance with the ‘Management of customer contacts within Tissue and Eye Services’ (**MPD1205**). Examples of complaints that would need to be reported will be confirmed during the training provided by TES.

1. NHSBT will not incur any costs for empty vehicle runs.

## Quality

1. TES is committed to a system of total quality management, which will ensure that its services fully meet the requirements of clinicians, patients and donors and conform to relevant national standards and regulations.

1. The contractor will maintain a Quality Management system and provide evidence and information of this Quality Management system on request; this may be part of both internal and/or external audits and inspection. This should include training records, complaints and adverse event incident system.

1. The contractor will investigate Quality Incidents i.e. service failures, adverse events, regulatory failures, complaints identified by TES and agree corrective actions as appropriate. TES expect an investigation response within 48 hours of informing the contactor of the incident. The contractor must be able to provide a documented complaints procedure available upon request.

1. Significant failures in service could result in being reported to the NHSBT regulatory body, Human Tissue Authority, or contractor relevant trade association.

1. TES will reserve the right to audit the contractor against this document and any agreed third-party in agreement (TPA) with the contractor; this will include onsite inspection.

1. The contractor will ensure that all staff allocated to the service undertake a training programme managed by TES. In all donor transfers, at least one of the contractor employees must have received and been assessed as competent by TES. TES will provide a written authorisation card to confirm training competence for the contractors to carry at all times and produce if requested.

1. The contractor will maintain and provide evidence of staff induction and training records for staff allocated to this service. This must include Customer Services training, Data Protection/Information Governance and Pre-employment checks as a minimum.

1. Where the intent is to subcontract to partner organisations in exceptional circumstances or as part of the routine service provision, the contract must provide details of the company and where applicable registration status to the Care Quality Commission (CQC), relevant trade association such as the National Association of

Funeral Directors (NAFD), The National Society of Allied and Independent Funeral

Directors (SAIF), British Institute of Funeral Directors (BIFD) or equivalent body, Disclosure and Barring Service (DBS) checks and maintain membership for the duration of the contract. The sub-contractor must be able to provide evidence of current membership and a copy of the most recent inspection report (where applicable).

1. Sub-contraction to partner organisations can only occur where the contractor has received written approval from either the TES National Tissue Retrieval Manager, Head of Operations, Lead Nurse or Assistant Director Organ Tissue Donation and Transplantation - Tissue and Eye Services.

1. Where a partner organisation is used, responsibility lies with the contractor for ensuring compliance with this specification. TES will be responsible for ensuring all partner organisations are trained in relevant procedures.

### Service Credits

60 The Supplier will be required to provide services to an agreed service level. An illustration of the Key Performance Indicators that NHS Blood and Transplant expect to be achieved are detailed below. For every 1% drop below the targets stated in the Key Performance Indicators table, the Contractor shall provide a service credit to the NHSBT of 1% of that Months invoice value for that particular Service Line, within 30 working days. For example:

99% Service Level Requirement for Response Times – 94% Actual Performance achieved against service level in service period = 5% of the charges payable to the Buyer as Service Credits and to be deducted from the next invoice payable by the Buyer.

The parties will monitor and review the Service Credits after six months from contract implementation and agree a Service Credit Cap.

### Key Performance Indicators (KPIs)

61 The contractor must meet the performance and management information as determined by TES. These will be agreed on awarding the contract, but will include as a minimum:

|  |  |  |
| --- | --- | --- |
| **KPI** | **Measure** | **Threshold** |
| **Service Provision** | Booking requests fulfilled and completed | 100% |
| **Response times** | Booking and vehicle response times of 40 minutes as set out above, i.e., confirmation within 10 minutes and vehicle en route within 30 minutes or as requested by TES | 99% |
| **Arrival time at Liverpool v ETA** | Transfer time provides TES with a minimum 5 hours remaining in TES donation window period (48 hours) plus the estimated travel time as detailed in Appendix 1 | 100% |
| **Communication** | Failure to communicate a delay to TES if there is a delay in service | 100% |
|  | TES documentation fully completed, compliant, clear and precise and in blue or/ black ink (FRM962 and booking form) | 100% |
| **Complaints / Incidents** | Complaints, Incident logs (excluding complaints for late transfers) | 99% of any criteria in a month |
|  | All complaints will be acknowledged by the contractor to the complainant within 24 hours and a rectification / corrective action plan in place within 48 hours of the complaint log time | 100% |

## Health and Safety

1. The contractor must provide evidence of health and safety training programmes for all employees associated with the service contract. This must include relevant manual handling programmes specific for moving and handling bodies.

1. The contractor must be able to demonstrate safe systems of work for transferring deceased patients, driving, and infection control as a minimum and where applicable provide copies of documented protocols.

1. The contractor must provide equipment for any spillages or accidents caused whilst the donor is in transit to or from NHSBT premises.

1. All incidents involving the deceased donor must be reported to TES so they can be documented as required. Examples of incidents that would need to be reported will be confirmed during the training provided by TES.

**SPN946/4 – Specialist transport for**

# Tissue and Eye Services

**Copy No:**

**Effective date: 08/02/2023**

## Definitions

* DDF Dedicated Donation Facility, NHSBT Tissue and Eye Services Liverpool
* NHSBT NHS Blood and Transplant
* Contractor Service Provider / Funeral Director
* TES Tissue and Eye Services / Service User

## Related Documents / References

* FRM962 - Donor Transfer
* SOP3406 - Reporting and Managing Adverse Events
* SOP3654 - Funeral Director transfer of Deceased Donors to and from the Dedicated Donation Facility
* MPD1205 - Management of customer contacts within Tissue and Eye Services
* POL168 - Transferring Deceased Tissue Donors into the Dedicated Donation Facility
* HTA Directions 002/2018 Human Tissue (Quality and Safety for Human Application) Regulations
* Human Tissue Act (2004)
* Human Transplantation (Wales) Act 2013
* Human Tissue Authority Directions and Codes of Practice
* Guidelines for the Blood Transfusion Services in the United Kingdom
* FRM5451 - Tissue and Eye Services Funeral Director Transfer Booking Form
* Tissue Path Retrieval Details
* Goods Vehicles (Licensing of Operators) Regulations 1995

## Appendices

Appendix 1 – Hospital Addresses

**NB Estimated Journey times are from the Hospital to DDF (NHSBT Liverpool)**

Actual activity data for 1st January 2019 – 31st December 2021 has been detailed for each hospital location, the duration has been used as the activity has been impacted due to the COVID-19 pandemic and therefore larger time period provides a review of current activity.

Currently only hospitals / locations within the Northwest of England and North Wales are considered routinely for transferring consented donors to the DDF. A change process is in place to increase the capacity to include hospitals / locations within the Northeast of England, Yorkshire and Midlands regions, this is expected to be embedded by 31st December 2023.

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| --- | --- | --- | --- |
| **Originating Point** | **Distance (miles)** | **Estimated**  **Journey Time from Donor**  **Hospital to**  **DDF**  **Liverpool** | **Actual activity 1st**  **Jan 2019 –**  **31st Dec**  **2021** |
| Aintree University Hospitals, Longmoor Lane, Liverpool, Merseyside, L9 7AL | 15 | 24m | 10 |
| Airedale General Hospital, Skipton Road, Skeeton, Keighley, W.Yorks, BD20 6TD | 72 | 1h 34m | 1 |
| Alder Hey Children’s Hospital, Alder Hey, Eaton Road, West Derby, Liverpool, Merseyside, L12 2AP | 7 | 18m |  |
| Alexandra Hospital, Woodrow Drive, Woodrow, Redditch, Worcs. | 113 | 2h 6m |  |
| Arrowe Park Hospital, Wirral hospital Trust, Arrowe Park Site, Arrowe Park Road, Upton, Wirral, L48 5PE | 18 | 41m | 4 |
| Barnsley District General Hospital, Gawber Road, Barnsley, S75 2EP | 73 | 1h 40m |  |
| Bassetlaw Hospital, Barrowby House, Highland Grove, Worksop, Nottingham, S81 0JN | 96 | 2h 3m |  |
| Birmingham Children’s Hospital, Steelhouse Lane, Birmingham, B4 6NH | 98 | 1h 47m |  |
| Birmingham Heartlands Hospital, Bordesley Green East, Bordesley Green, Birmingham, B9 5ST | 99 | 1h 55m |  |
| Blackburn Royal Hospital, Bolton Road, Blackburn, BB2 3LB | 50 | 56m | 7 |
| Royal Victoria Hospital, Whinneys Hey Road, Blackpool, FY3 8NR | 62 | 1h 14m | 5 |
| Bradford Royal Infirmary , Duckworth Lane, Bradford, BD9 6RJ | 69 | 1h 26m |  |
| Burnley General Hospital, Casterton Avenue, Burnley, Lancs., BB10 2PQ | 56 | 1h 12m |  |
| Calderdale Royal Hospital, Salter Hebble, Halifax, HX3 0PW | 59 | 1h 12m |  |
| Castle Hill Hospital, Castle Road, Cottingham, North Humberside, HU1 1YU | 125 | 2h 10m |  |
| Chesterfield and North Derbyshire Royal Infirmary, Calow, Chesterfield, S44 5BL | 78 | 2h 8m |  |
| Chorley District Hospital, Preston Road, Chorley , Lancs., PR7 1PP | 46 | 54m |  |

|  |  |  |  |
| --- | --- | --- | --- |
| City Hospital, Dudley Road, Winson Green, Birmingham, B18 7QH | 96 | 1h 47m |  |
| Countess of Chester Hospital, Liverpool Road , Chester CH2 1UL | 27 | 38m |  |
| Coventry and Warwickshire Hospital, Soney Stanton Road, Coventry, CV1 | 117 | 2h |  |
| Cumberland Infirmary, Newton Road, Carlisle, CA2 7HY | 132 | 2h 2m | 1 |
| Darlington Memorial Hospital, Hollyhurst Road, Darlington, County Durham, DL3 6HX | 132 | 2h 28m |  |
| Derby City General Hospital, Uttoxeter Road, Derby, DE2 3NE | 91 | 1h 37m | 1 |
| Dewsbury District Hospital, Halifax Road, Dewsbury, WF13 4HS | 65 | 1h 23m |  |
| Diana Princess of Wales Hospital, Scartho Road, Grimsby, DN33 2BA | 144 | 2h 35m |  |
| Doncaster Royal Infirmary, Armthorpe Road, Doncaster , DN2 5LT | 99 | 1h 55m |  |
| Fairfield General Hospital, Rochdale Old Road, Bury, Lancs., BL9 7TD | 39 | 51m | 2 |
| Freeman Hospital, Heaton, Newcastle Upon Tyne, NE7 7DN | 174 | 3h 6m |  |
| Friarage Hospital, North Allerton, North Yorkshire, DL6 1JG | 124 | 2h 13m |  |
| Furness General Hospital, Dalton Lane, Barrow In Furness, Cumbria, LA1 4LF | 64 | 2h 1m |  |
| George Elliot Hospital, College Street, Nuneaton, Warwicks, CV10 7DJ | 117 | 1h 58m |  |
| Glan Clwyd Hospital, Sarn Lane, Bodelwyddan, Rhyl, LL18 5UJ | 52 | 1h | 5 |
| Glenfield Hospital, Groby Road, Leicester, LE3 9QP | 138 | 2h 3m |  |
| Good Hope NHS Trust, Rectory Road, Sutton Coldfield, B75 7RR | 101 | 1h 43m |  |
| Hartlepool University Hospital, Holdsforth Road, Hartlepool, TS24 9AH | 154 | 2h 36m |  |
| Harrogate District Hospital, Lancaster Park Road, Harrogate , HG2 7SY | 88 | 1h 55m |  |
| Hexham General Hospital, Hexham, Northumberland, NE46 1QJ | 156 | 2h 50m |  |
| Salford Royal Hospital, Stott Lane, Salford, M8 8HD | 33 | 37m | 18 |

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| --- | --- | --- | --- |
| Hospital of St Cross, Barby Road, Rugby , Warwickshire | 133 | 2h 13m |  |
| Huddersfield Royal Infirmary, Acre Street, Lindley, Huddersfield, HD3 3EA | 56 | 1h 7m |  |
| Hull Royal Infirmary, Anlaby Road, Hull, HU3 2JZ | 125 | 2h 11m |  |
| Kingsmill Hospital, Kingsmill Centre for Health Services, Mansfield Road, Sutton in Ashford, Notts., NG17 4JL | 112 | 2h 7m |  |
| Leeds General Infirmary, Great George Street, Leeds, LS1 3EX | 72 | 1h 25m |  |
| Leighton Hospital, Middlewich Road, Crewe, CW1 4QJ | 44 | 57m | 2 |
| Leicester Royal Infirmary, Infirmary Square, Leicester, LE1  5WW | 136 | 2h 12m |  |
| Lincoln County Hospital, Greetwell Road, Lincoln, LN2 5QY | 145 | 2h 37m |  |
| Llandudno Hospital, West Shore, Llandudno, Wales | 69 | 1h 19m |  |
| Macclesfield General Hospital, Victoria Road, Macclesfield, Cheshire, SK10 3BL | 43 | 1h |  |
| Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL | 34 | 46m | 4 |
| New Cross Hospital, Wolverhampton Road, Wolverhampton, WV10 0QP | 86 | 1h 37m |  |
| Northern General Hospital, Herries Road, Sheffield, S5 7AU | 79 | 1h 48m |  |
| North Manchester General Hospital, Delaneys Road, Crumpsall, Manchester, M8 5RB | 39 | 51m |  |
| North Tees General Hospital, Hardwick, Stockton on Tees, Cleveland, TS19 8PE | 143 | 2h 30m |  |
| North Tyneside Hospital, Rake Lane, Northshields, Tyne and Wear, NE29 8NH | 178 | 3h 4m |  |
| Northumbria Specialist Emergency Care Hospital (NSECH), Northumbria Way, Cramlington, Northumbria, NE23 6NZ | 184 | 3h 1m |  |
| Nottingham City Hospital, Hucknall Road, Nottingham, NG5 1PB | 120 | 2h 3m | 1 |
| Pilgrim Hospital, Sibsey Road, Boston, Lincs, PE21 9QS | 169 | 3h 15m |  |
| Pinderfields General Hospital, Aberford Road, Wakefield, WF1 4DG | 77 | 1h 27m |  |
| Queen Elizabeth Hospital , Queen Elizabeth Medical Centre , Birmingham, B15 2TH | 98 | 1h 57m |  |

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| Queen Elizabeth Hospital, Sheriff Road , Tyne and Wear, NE9 6SX | 169 | 2h 56m |  |
| Queens Medical Centre, University Hospital NHS Trust, Derby Road, Nottingham, NG7 2UH | 120 | 1h 57m | 6 |
| Queens Hospital, Belvedere Road, Burton on Trent, Staffs, DE13 0RB | 87 | 1h 38m |  |
| Rotherham District General, Moorgate Road, Oakwood, Rotherham, S60 2UD | 84 | 1h 51m |  |
| Royal Albert and Edward Infirmary, Wigan Lane, Wigan, WN1 2NN | 28 | 43m | 2 |
| Royal Bolton Hospital, Minerva Road, Farnworth, Bolton, BL4 0JR | 36 | 46m | 3 |
| Royal Hallamshire Hospital , Glossop Road, Sheffield, S10 2JF | 76 | 1h 47m |  |
| Royal Lancaster Infirmary, Ashton Road, Lancaster, LA1 4RP | 65 | 1h 13m | 2 |
| Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP | 8 | 23m | 15 |
| Royal Oldham Hospital, Rochdale Road, Oldham, OL1 2JH | 43 | 54m | 4 |
| Royal Preston Hospital, Sharoe Green Lane, Fulwood, Preston, PR2 4HT | 46 | 55m | 19 |
| Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, SY3 8BR | 66 | 1h 23m |  |
| Royal Stoke University Hospital, Hartshill Road, Stoke on Trent, Staffordshire, ST4 7PA | 58 | 1h 8m | 1 |
| Royal Victoria Infirmary, Queen Victoria Street , Newcastle Upon Tyne, NE1 4LP | 173 | 3h 4m | 1 |
| Russells Hall Hospital, Pennsnet Road, Dudley, West Midlands, DY1 2HQ | 96 | 1h 55m |  |
| Sandwell General Hospital, Lyndon, West Bromwich, B71 4HJ | 94 | 1h 43m |  |
| Scarborough Hospital, Woodlands Drive, Scarborough, North Yorks, YO12 6QL | 142 | 2h 41m |  |
| Scunthorpe General Hospital, Cliffe Garden, Scunthorpe, DN15 7BH | 118 | 2h 4m | 1 |
| Selly Oak Hospital, Raddlesbarn Road, Birmingham, B29 6JD | 102 | 1h 57m |  |
| Southport District General Hospital, Town Lane, Southport, PR8 6PN | 30 | 47m | 2 |
| South Tyneside District Hospital, Harton Lane, South Shields, Tyne and Wear, NE34 0PL | 174 | 2h 58m |  |
| St James Hospital, Beckett Street, Leeds , West Yorkshire | 73 | 1h 28m |  |
| Stepping Hill Hospital, Poplar Grove, Stockport, Cheshire, SK2 7JE | 42 | 54m | 1 |
| Sunderland Royal Hospital, Kayall Road, Sunderland, SR4 7TP | 167 | 2h 51m |  |
| Tameside General Hospital, Fountain Street, Ashton-UnderLyne, Lancashire, OL6 9RW | 45 | 58m |  |
| James Cook University Hospital, Marton Road, Middlesborough, Cleveland, TS4 3BW | 141 | 2h 27m |  |
| Trafford General Hospital, Moorside Road, Davyhulme, Urmston, Manchester, M41 5SL | 30 | 40m |  |
| University Hospital of Hartlepool, Holdforth Road, Hartlepool, Cleveland, TS24 9AH | 154 | 2h 37m |  |
| University Hospital of North Durham, North Road, Durham, DH1 5TW | 158 | 2h 48m |  |
| Walsall Manor Hospital, Moat Road, Walsall, West Midlands, WS2 9PS | 88 | 1h 35m |  |
| Wansbeck General Hospital, Woodhorn Lane, Ashington, Northumberland, NE63 9JJ | 190 | 3h 16m |  |
| Warrington Hospital, Lovely Lane, Warrington, Cheshire, WA5 1QG | 16 | 26m | 2 |
| West Cumberland Hospital, Home Wood, Hensingham, Whitehaven, Cumbria, CA28 8JG | 143 | 2h 45m |  |
| Westmoreland General Hospital, Burton Road, Kendal, Cumbria, LA9 7RG | 86 | 1h 29m |  |
| Whiston Hospital, Warrington Road, Prescot, Merseyside, L35 5DR | 12 | 20m | 5 |
| Wrexham Maelor Hospital, Crossnewydd Road, Wrexham, LL13 7TD | 38 | 47m |  |
| Wythenshawe Hospital, Southmoor Road, Wythenshawe, Manchester, M23 9LT | 38 | 43m | 3 |
| York District Hospital, Wiggington Road, York, Y03 7HE | 100 | 1h 56m |  |
| Ysbyty Gwynedd Hospital, Penrhosgarnedd, Bangor, Gwynedd, LL87 5PW | 84 | 1h 33m |  |

### This list is not exhaustive and may be subject to change